ISSUE SLIP STAFF ____ (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M. G		7/9/99
O.I.P.E. CLASSIFIER			7/-15-99
FORMALITY REVIEW	J.S.	69134	8-4-99

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date	Claim	Date	Claim		Date
Final	Original		Original		Final	Original	
1		51			101		
2		52			102		
3		53			103		
4		54			104		
5		55			105		
6		56			106		
7		57			107		
8		58			108		
9		59			109		
10		60			110		
11		61			111		
12		62			112		
13		63			113		
14		64			114		
15		65			115		
16		66			116		
17		67			117		
18		68			118		
19		69			119		
20		70			120		
21		71			121		
22		72			122		
23		73			123		
24		74			124		
25		75			125		
26		76			126		
27		77			127		
28		78			128		
29		79			129		
30		80			130		
31		81			131		
32		82			132		
33		83			133		
34		84			134		
35		85			135		
36		86			136		
37		87			137		
38		88			138		
39		89			139		
40		90			140		
41		91			141		
42		92			142		
43		93			143		
44		94			144		
45		95			145		
46		96			146		
47		97			147		
48		98			148		
49		99			149		
50		100			150		

more than 150 claims or 10 actions